

# TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 2 4

2. STATE:

Missouri

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

December 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY \_\_\_\_\_ \$ \_\_\_\_\_

b. FFY \_\_\_\_\_ \$ \_\_\_\_\_

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

3.1-A pages 15aa and 15aaa

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

3.1-A pages 15aa and 15aaa

10. SUBJECT OF AMENDMENT: This state plan amendment is adding drugs or drug categories that are excluded by Missouri Medicaid or prior authorized by Medicaid.

11. GOVERNOR'S REVIEW (Check One):

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Steven E. Renne

14. TITLE:

Acting Director

15. DATE SUBMITTED:

December 27, 2000

16. RETURN TO:

17. DATE RECEIVED:

12/28/00

18. DATE APPROVED:

01/10/01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

12/01/00

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Thomas W. Lenz

22. TITLE:

ARA for Medicaid & State Operations

23. REMARKS:

cc: Renne  
Vadner  
Waite  
CO

SPA CONTROL

Date Submitted 12/27/00

Date Received 12/28/00

<u>EXCLUDED DRUG OR CATEGORY</u>	<u>EXCEPTIONS REIMBURSABLE</u>
Drugs used to promote fertility	
Drugs used to promote weight loss	
Drugs used to promote hair growth	
Drugs used for cosmetic purposes	
Nonlegend vitamins, multi-vitamins and minerals, adult	Children's chewable multivitamins and drops, calcium preparations, iron preparations
Drugs used to promote smoking cessation	
Nonlegend lotions, shampoos and medicated soaps	
Nonlegend acne preparations	
Nonlegend weight control preparations	
Nonlegend ophthalmic preparations	Artificial tear products, eyewash products, ocular lubricants
Contact lens products	
Nonlegend oral analgesics	All nonlegend strengths of acetaminophen, aspirin, buffered aspirin, ibuprofen and naproxen sodium
Nonlegend external analgesic products	
Nonlegend stimulant products	
Nonlegend hemorrhoidal products	
Estazolam	
Halazepam	
Prazepam	
Quazepam	

<u>PRIOR AUTHORIZED PRODUCT OR CATEGORY</u>	<u>ALLOWED INDICATIONS</u>	<u>EXCEPTIONS - PRIOR AUTHORIZATION NOT REQUIRED</u>
Abortifacients	Termination of pregnancy resulting from an act of rape or incest or when necessary to protect the life of the mother	
Amphetamines	Attention deficit hyperactivity disorder, Narcolepsy	
Barbiturates	All medically accepted uses	Phenobarbital Methabarbital
Butorphanol, nasal spray	Override of quantity restriction allowed for medically accepted uses	Claims for a total of no greater than 15cc in any 30 day period.
Drugs used to treat sexual dysfunction	Sexual dysfunction	
Histamine 2 Receptor Antagonists	Medically accepted uses	90 days of therapeutic dose therapy of antiulcer categories and long term, low-dose maintenance therapy of this category
Isotretinoin	Non-cosmetic uses	
Ketorolac	Short term treatment of moderately severe acute pain following injection of same entity	Claims for no greater than a four (4) day supply of no greater than 40mg per day in any 30 day period.
Modafanil	Narcolepsy	
Orlistat	Dyslipidemia	
Proton Pump Inhibitors	Medically accepted uses	90 days of therapeutic dose therapy of antiulcer categories
Retinoic Acid, topical	Non-cosmetic uses	